Boys and Young Men of Color

Report on Health and Healthcare Availability

June, 2015

Survey Fielded: January 27– February 18, 2015
Mission of the National Voices Project

Led by researchers at the University of Michigan, the National Voices Project is an effort to bring the perspectives of thousands of people in communities across the United States to the national dialogue about opportunities and barriers for children related to race/ethnicity. The National Voices Project conducts major national surveys twice each year among adults who work and volunteer on behalf of children. These surveys focus on racial/ethnic inequities at the community level that affect children’s health, education, and economic security. For more information, visit the project website: NationalVoicesProject.org.

The National Voices Project team is grateful for the support and collaboration of the W.K. Kellogg Foundation, through the America Healing initiative.

For this survey on Boys and Young Men of Color (BMOC), NVP partnered with the National Collaborative for Health Equity (NCHE). The mission of the NCHE is to promote health equity by catalyzing collaboration among racial equity advocates, grassroots and community-based organizations, researchers, public health professionals, and other key stakeholders. For more information, visit their website: NationalCollaborative.org

National Voices Project Team
Matthew M. Davis, MD, MAPP
Kathryn L. Moseley, MD, MPH
Susan J. Woolford, MD, MPH
Dianne C. Singer, MPH
Anna Daly Kauffman, BA
Amilcar Matos-Moreno, MPH
Katrease Hale, MPH

Partner:
National Collaborative for Health Equity
Brian Smedley, PhD
Jermane Bond, PhD
Autumn Saxton-Ross, PhD
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Survey Design and Methods

The National Voices Project (NVP) is conducted in partnership with GfK, an international survey research organization that maintains KnowledgePanel®, a nationally representative web-enabled panel of adult members of households across the United States.

GfK engages all of its panel members via the Internet (current panel size >50,000). Unlike other web-enabled panels, KnowledgePanel® is recruited through gold-standard, random-digit-dial (both landline and cell phones) and address-based sampling techniques. If contacted households do not have computer hardware or Internet access, GfK provides the necessary hardware and connections, free of charge.

NVP surveys include an oversample of respondents living in communities that are part of the Place Matters initiative. Place Matters is an initiative of the National Collaborative for Health Equity (NCHE) that is designed to address health equity concerns through shared learning experiences that focus on social, economic and environmental conditions. The goal of oversampling in Place Matters communities in this survey was to illuminate how perceptions of inequities may differ in communities highlighted in the Place Matters initiative, compared with communities elsewhere in the United States.

The NVP team worked with GfK to supplement KnowledgePanel® households in Place Matters locations. The supplementary sample was drawn from households that are not on GfK’s standing panels but are recruited on an ad hoc basis by GfK related to their characteristics – in this case, residing in a Place Matters community and preferring Spanish.

For the NVP BMOC survey, GfK invited 11,644 people 18 years or older to participate. Respondents in sampled households (n=10,046 from KnowledgePanel®; and n=1,598 from supplementary households) completed a brief screening questionnaire. On the screening questionnaire, 1,132 respondents indicated they have jobs that affect education, health/healthcare/nutrition, economic opportunities, social justice or community and civic engagement for children and/or young adults. Another 949 respondents identified themselves as volunteering in ways that affect education, health/healthcare, economic opportunities, community and civic engagement, the justice system or law enforcement for children and young adults. Respondents working or volunteering on behalf of children or young adults were eligible to complete the full NVP BMOC questionnaire. This group included 2,081 adults from 50 states and District of Columbia.

The NVP BMOC survey was also fielded in Spanish via a supplemental panel who preferred to answer in Spanish. Overall, 1,164 individuals participated by using the Spanish-language version and 229 were eligible to complete the full NVP BMOC questionnaire.

The BMOC questionnaire was developed by the NVP team at the University of Michigan, with input from NCHE and WKKF collaborators. We examined how individuals who work or volunteer with children and young adults view the media, healthcare availability, education, employment, incarceration, inequities and selected Place Matters initiatives. Specific questions addressed boys and young men of color, and differences for boys and young men versus girls and young women.

This report focuses on perceptions of general health and healthcare availability for BMOC. Future reports will focus on education, employment, incarceration and Place Matters initiatives.
### Characteristics: Sociodemographic Characteristics

#### TABLE 1. SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

<table>
<thead>
<tr>
<th></th>
<th>ALL RESPONDENTS N = 2,081</th>
<th>PLACE MATTERS COMMUNITIES N = 984</th>
<th>COMPARATIVE COMMUNITIES N = 1,097</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>46%</td>
<td>44%</td>
<td>46%</td>
</tr>
<tr>
<td>Women</td>
<td>54%</td>
<td>56%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>11%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>13%</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>White</td>
<td>68%</td>
<td>48%</td>
<td>69%</td>
</tr>
<tr>
<td>Multi-race and all Additional Race/Ethnicity Groups</td>
<td>8%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Annual Household Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $30,000</td>
<td>14%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>$30,000 - $60,000</td>
<td>24%</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>$60,001 - $100,000</td>
<td>25%</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>Greater than $100,000</td>
<td>37%</td>
<td>31%</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>8%</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>High School</td>
<td>17%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>Some College</td>
<td>31%</td>
<td>38%</td>
<td>31%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>44%</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 29</td>
<td>20%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>30 - 44</td>
<td>30%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>45 - 59</td>
<td>31%</td>
<td>28%</td>
<td>31%</td>
</tr>
<tr>
<td>60 +</td>
<td>19%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Paid Work with Children and/or Young Adults (0-25)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>59%</td>
<td>58%</td>
<td>59%</td>
</tr>
<tr>
<td>No</td>
<td>41%</td>
<td>42%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Volunteer Work with Children and/or Young Adults (0-25)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>49%</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>No</td>
<td>51%</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Community Respondents Know Best</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Work</td>
<td>11%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Volunteer</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Racial Mix in Best Known Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predominantly White (&lt;10% Non-White)</td>
<td>20%</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Majority White (10-50% Non-White)</td>
<td>52%</td>
<td>41%</td>
<td>53%</td>
</tr>
<tr>
<td>Majority Minority (51-90% Non-White)</td>
<td>22%</td>
<td>37%</td>
<td>21%</td>
</tr>
<tr>
<td>Predominantly Minority (&gt;90% Non-White)</td>
<td>6%</td>
<td>9%</td>
<td>6%</td>
</tr>
</tbody>
</table>

*P<.05 for Place Matters respondents vs. Comparative Communities respondents across all response options
### Sociodemographic Characteristics of Respondents

#### TABLE 2. RESPONDENTS’ CONTACT WITH CHILDREN AT WORK IN PLACE MATTERS COMMUNITIES VS. COMPARATIVE COMMUNITIES

<table>
<thead>
<tr>
<th>Area of Contact with Children/Young Adults (could choose &gt;1)</th>
<th>PLACE MATTERS COMMUNITIES N = 984</th>
<th>COMPARATIVE COMMUNITIES N = 1,097</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>60%</td>
<td>58%</td>
</tr>
<tr>
<td>Health or Healthcare</td>
<td>38%</td>
<td>34%</td>
</tr>
<tr>
<td>Economic or Job Opportunities</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>Community or Civic Engagement</td>
<td>39%</td>
<td>35%</td>
</tr>
<tr>
<td>Justice System/Law Enforcement</td>
<td>13%</td>
<td>14%</td>
</tr>
</tbody>
</table>

#### Work and/or Volunteer with Children/Young Adults

| Work with Children                                         | 36%                              | 37%                              |
| Work with Young Adults                                     | 40%                              | 37%                              |
| Volunteer with Children                                    | 44%                              | 39%                              |
| Volunteer with Young Adults                                | 25%                              | 24%                              |

#### Occupation

| Education Teaching (child care, preschool, elementary, and secondary) | 19%                              | 21%                              |
| Faith-based Organization or Clergy Member                   | 3%                               | 3%                               |
| Other School or Education-related Activities                 | 14%                              | 19%                              |

#### Healthcare

| Health or Mental Health Care                               | 20%                              | 19%                              |
| Emergency Services                                         | 3%                               | 1%                               |
| Public Health                                              | 4%                               | 2%                               |
| Social Worker or Case Worker                               | 2%                               | 2%                               |

#### Economic or Job Opportunities

| Business Owner/Manager or Private Community Service Organization | 10%                              | 11%                              |
| Community or Civic Engagement                               | 4%                               | 3%                               |

#### Justice System/Law Enforcement (Includes Armed Services)

| 7%                                          | 6%                                          |

#### All Others

| 13%                                         | 13%                                         |

#### Participation with Volunteer Organizations (could choose >1)

| Education                                     | 48%                                         | 43%                                         |
| Social or Community Service                   | 28%                                         | 23%                                         |
| Religious                                     | 31%                                         | 30%                                         |
| Sports, Hobbies, Culture or Arts              | 20%                                         | 19%                                         |
| Food and Nutrition                            | 17%                                         | 12%                                         |
| Hospital or Healthcare                        | 8%                                           | 9%                                          |
| Youth Clubs, Scouting or 4-H                  | 8%                                           | 9%                                          |
| Environmental                                 | 7%                                           | 7%                                          |
| Justice System/Law Enforcement                | 3%                                           | 4%                                          |
| Shelter and Housing                           | 8%                                           | 9%                                          |
| Mental or Developmental Health                | 3%                                           | 3%                                          |
| Advocacy                                      | 6%                                           | 4%                                          |
| Government Agency                             | 1%                                           | 3%                                          |
| All Others                                    | 6%                                           | 7%                                          |

*P<.05 for Place Matters respondents vs. Comparative Communities respondents across all response options.
### Table 3. Identification of Specific Place Matters Communities with Sufficient Sample to Permit Analyses Across Communities

<table>
<thead>
<tr>
<th>Community/County Location</th>
<th>Proportion of Place Matters Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook, IL</td>
<td>39% (n = 201)</td>
</tr>
<tr>
<td>King, WA</td>
<td>14% (n = 141)</td>
</tr>
<tr>
<td>Alameda, CA</td>
<td>14% (n = 139)</td>
</tr>
<tr>
<td>Wayne, MI</td>
<td>13% (n = 147)</td>
</tr>
<tr>
<td>Fresno, CA</td>
<td>6% (n = 120)</td>
</tr>
<tr>
<td>Suffolk, MA</td>
<td>7% (n = 122)</td>
</tr>
<tr>
<td>Bernalillo, NM</td>
<td>6% (n = 114)</td>
</tr>
</tbody>
</table>

**Specific Place Matters Community Locations**

- King, WA
- Alameda, CA
- Fresno, CA
- Suffolk, MA
- Wayne, MI
- Cook, IL
- Bernalillo, NM
Health Perceptions of Health of Boys, Teens and Young Men

Survey Question: In [your community], please rate the general health of boys 0-8 years old/teen boys 13-17 years old/young men 18-25 years old in the following groups:

Response options included: excellent, very good, good, fair, poor and don’t know.

African American/Black
American Indian/Alaska Native
Arab/Arab American
Asian/Asian American
Hawaiian Native/Pacific Islander
Latino/Hispanic
White

Overall, respondents perceived the lowest ratings of “excellent/very good” health for American Indian/Alaska Native boys, teens and young men.

The proportions of respondents who perceived “excellent/very good” ratings of general health were higher for:

- White boys, teens and young men than for boys, teens and young men from all race/ethnic groups
- Respondents in Comparative Communities vs. respondents in Place Matters communities for African American boys, teens and young men
- Respondents with some/many inequities in their communities vs. respondents with few/no inequities in their communities for African American boys, teens and young men, for Latino boys and teens, for Asian/Asian American boys and for Arab/Arab American teens

Figure 1. Perceptions of General Health of Boys Age 0-8 from Different Racial/Ethnic Groups

- Excellent/Very Good
- Good/Fair/Poor
- Don’t Know

American Indian/Alaska Native
Hawaiian Native/Pacific Islander
Arab/Arab American
Latino/Hispanic
African American/Black
Asian/Asian American
White
Figure 2. Perceptions of General Health of Teen Boys Age 13-17 from Different Racial/Ethnic Groups

- American Indian/Alaska Native
- Hawaiian Native/Pacific Islander
- Arab/Arab American
- Latino/Hispanic
- African American/Black
- Asian/Asian American
- White

Excellent/Very Good | Good/Fair/Poor | Don’t Know
--- | --- | ---
48% | 35% | 17%
47% | 33% | 20%
42% | 32% | 26%
35% | 26% | 26%
34% | 26% | 29%
41% | 29% | 31%
31% | 30% | 39%

Figure 3. Perceptions of General Health of Young Men Age 18-25 from Different Racial/Ethnic Groups

- American Indian/Alaska Native
- Hawaiian Native/Pacific Islander
- Arab/Arab American
- Latino/Hispanic
- African American/Black
- Asian/Asian American
- White

Excellent/Very Good | Good/Fair/Poor | Don’t Know
--- | --- | ---
50% | 36% | 14%
49% | 33% | 18%
43% | 32% | 25%
36% | 40% | 24%
34% | 40% | 26%
41% | 30% | 29%
31% | 30% | 37%
In [your community], how available are primary care services (family doctor) for boys (0-8)/teen boys (13-17) in the following groups:

Response options included: lots of availability, some availability, little or no availability and don’t know.

- African American/Black
- American Indian/Alaska Native
- Arab/Arab American
- Asian/Asian American
- Hawaiian Native/Pacific Islander
- Latino/Hispanic
- White

Figure 4. Percent of Respondents Reporting "Lots of Availability" of Primary Care Services for Racial/Ethnic Groups in their Communities

- Young Boys 0-8
- Teen Boys 13-17

How is your community creating opportunities for BMOC?

“Government agencies provide housing, healthcare, and food assistance for families that need it. Churches also help with donations and services for needy families. Schools provide free education for all students and free lunches to poor students.”

~New York City, NY
The proportions of respondents who perceived “lots of availability” of primary care services were higher for:

- Respondents in Comparative Communities vs. respondents in Place Matters communities for Latino boys and teens
- Respondents in Comparative Communities vs. respondents in Place Matters communities for African American and Hawaiian Native/Pacific Islander teens
- Respondents in Place Matters communities vs. respondents in Comparative Communities for White teens
- Respondents with some/many inequities in their communities vs. respondents with few/no inequities in their communities for African American, Latino and Asian American boys and teens, and for White teens
- White respondents vs. African American, Hispanic, and multi-race/other respondents for Asian/Asian American and Latino boys
- White respondents vs. African American, Hispanic, and multi-race/other respondents for American Indian/Native Alaskan, African American, Latino and Asian/Asian American teens
- White and African American respondents vs. Hispanic and multi-race/other respondents for White teens
- White and multi-race/other respondents vs. African American and Hispanic respondents for Hawaiian Native/Pacific Islander teens
- Respondents who work/volunteer in healthcare vs. those who do NOT for African American teens
In [your community], how available are dental health care services for boys (0-8)/teen boys (13-17) in the following groups:

Response options included: lots of availability, some availability, little or no availability and don’t know.

- African American/Black
- American Indian/Alaska Native
- Arab/Arab American
- Asian/Asian American
- Hawaiian Native/Pacific Islander
- Latino/Hispanic
- White

Figure 5. Percent of Respondents Reporting "Lots of Availability" of Dental Care Services for Racial/Ethnic Groups in their Communities

- Young Boys 0-8
- Teen Boys 13-17
The proportions of respondents who perceived “lots of availability” of primary care services were higher for:

- Respondents in Comparative Communities vs. respondents in Place Matters communities for American Indian/Native Alaskan boys

- Respondents in Comparative Communities vs. respondents in Place Matters communities for Hawaiian Native/Pacific Islander teens

- Respondents with some/many inequities in their communities vs. respondents with few/no inequities in their communities for African American, Latino and Asian/Asian American boys and teens, and for White boys

- White respondents vs. African American, Hispanic and multi-race/other respondents for African American, Latino and Asian/Asian American boys, and for African American and Latino teens

- Respondents who do NOT work/volunteer in healthcare vs. those who do for Hawaiian Native/Pacific Islander teens

Respondents in Bernalillo County perceived higher levels of “lots of availability” for dental care for African American and Arab/Arab American teens than respondents in the other six Place Matters communities.
Mental Health

Availability of Behavioral/Mental Health Services

In [your community], how available are behavioral/mental health care services for boys (0-8)/teen boys (13-17)/ young men (18-25) in the following groups:

Response options included: lots of availability, some availability, little or no availability and don’t know.

- African American/Black
- American Indian/Alaska Native
- Arab/Arab American
- Asian/Asian American
- Hawaiian Native/Pacific Islander
- Latino/Hispanic
- White

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Young Boys 0-8</th>
<th>Teen Boys 13-17</th>
<th>Young Men 18-25</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>23%</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Hawaiian Native/Pacific Islander</td>
<td>23%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Arab/Arab American</td>
<td>24%</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>23%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>22%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>23%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>White</td>
<td>26%</td>
<td>24%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Figure 6. Percent of Respondents Reporting "Lots of Availability" of Behavioral/Mental Health Care Services for Racial/Ethnic Groups in their Communities
The proportions of respondents who perceived “lots of availability” of behavioral/mental health services were higher for:

- Respondents in Comparative Communities vs. respondents in Place Matters communities for Hawaiian Native/Pacific Islander boys, teens and young men
- Respondents in Place Matters communities vs. respondents in Comparative Communities for White teens and young men
- Respondents with some/many inequities in their communities vs. respondents with few/no inequities in their communities for African American and Latino boys, teens and young adults, and for Arab/Arab American young men
- White and multi-race/other respondents vs. African American and Hispanic respondents for African American and Latino young men
- Respondents who work/volunteer in healthcare vs. those who do NOT for American Indian/Alaska Native boys
- Respondents who work/volunteer in healthcare vs. those who do NOT for African American, American Indian/Alaska Native and White young men
- Respondents who do NOT work/volunteer in healthcare vs. those who do for Arab/Arab American boys, teens and young adults

Overall, only about 20–25% of all respondents perceived “lots of availability” for behavioral/mental health care for all racial/ethnic groups of boys and teens.
In [your community], how available are addiction/recovery services for teen boys (13-17)/young men (18-25) in the following groups:

Response options included: lots of availability, some availability, little or no availability and don’t know.

- African American/Black
- American Indian/Alaska Native
- Arab/Arab American
- Asian/Asian American
- Hawaiian Native/Pacific Islander
- Latino/Hispanic
- White

How is your community creating opportunities for BMOC?

“They have addiction/recovery centers but not enough employment opportunities to keep young men on a positive path.”

~Uptown, IL

“Promotion of after school programs, youth addiction treatment, and summer jobs, internships.”

~Boston, MA

Figure 7. Percent of Respondents Reporting "Lots of Availability" of Addiction/Recovery Services for Racial/Ethnic Groups in their Communities
The proportions of respondents who perceived “lots of availability” of addiction/recovery services were higher for:

- Respondents in Comparative Communities vs. respondents in Place Matters communities for Hawaiian Native/Pacific Islander young men
- Multi-race/other respondents vs. White, African American and Hispanic respondents for African American and Hispanic young men
- White respondents vs. African American, Hispanic and multi-race/other respondents for African American young men
- Respondents who do NOT work/volunteer in healthcare vs. those who do for Arab/Arab American teens

How is your community creating opportunities for BMOC?

“En el medio en el que me desenvuelvo, la comunidad de Caléxico ofrece oportunidades de empleo a todas las razas, sin importar etnias, igual en las escuelas, así como en instituciones de asesoramiento en salud mental para prevenir desertaciones en escuelas y así prevenir la drogadiccion, alcoholism, u otro tipo de adicciones.”

Translation: In the environment in which I live, the community of Caléxico offers employment and school opportunities to all races, regardless of ethnicity, and similarly in institutions providing mental health counseling to prevent school dropouts and prevent drug addition, alcoholism, and other addictions.

~Caléxico, CA
Figure 8: Comments from Respondents about Efforts in Their Communities Focused on Boys and Young Men of Color

**Seattle, WA**
“Nutrition outreach, education, and improved menus for free and reduced lunches and breakfasts. Gang prevention education, outreach and enforcement. Vocational education, training and counseling.”

**West Roxbury, MA**
“Offer special programs and counseling to address inequities.”

**Oakland, CA**
“I’ve heard of non-profits working on food insecurity, and I remember a program that went to schools and taught asthma management classes to youth that were identified as having asthma.”

**Bell, CA**
“Proven actividades saludables y esfuerzan motivación de la comunidad.”

**Albuquerque, NM**
“Providing health and social services working together with scant resources, targeting specific groups of boys in need.”

**Chicago, IL**
“Chicago is a big city full of people and groups that genuinely want to help boys and young men of color achieve their educational and career goals, address health issues, and prevent crime. The public institutions in Chicago are more robust than in most municipalities.”